

Department for Training and ReEmployment

**Title I, W.I.A. – 210
Eligibility Documentation**

PART A

IDENTIFYING INFORMATION

Applicant's Last Name _____ First Name _____ M.I. _____
Applicant's Social Security number: _____ - _____ - _____

APPLICANT STATEMENT

I hereby certify, under penalty of perjury, that _____

(If applicant cannot obtain satisfactory witness or provide a telephone contact, explain in area above.)

I attest that the information stated above is true and accurate, and I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant's Signature _____ Date _____ Parent's Signature _____ Date _____

CORROBORATING WITNESS SIGNATURE

I attest that the information stated above is true and accurate, and I understand that the above information, if misrepresented, or incomplete, may be grounds for penalties as specified by law.

Signature of Corroborating Witness _____ Date _____ Witness' Relationship to Applicant _____

Address of Witness _____ Phone Number of Witness _____

FOR OFFICE USE ONLY

PART B

ELIGIBILITY ITEM	DOCUMENT INSPECTION		TELEPHONE VERIFICATION	
	Document or computer screen/program viewed	Document # and expiration date (if available)	Name of <u>agency</u> and <u>individual</u> providing verification	
			Phone # : _____	
			Verification provided:	
			Date/time verified	Individual/participant record/I.D. #

PART C

STAFF STATEMENT For Part A and/or Part B above, I attest that:

- ☐ The above applicant statement is being used for documentation of the following eligibility criteria: _____
- ☐ The document inspected or computer inquiry verified the item required determining eligibility for the W.I.A. program.
- ☐ The information recorded by me on this document was obtained through telephone contact. If provided by an agent, all information was obtained from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification.

Authorized Staff Signature _____ Date _____

Eligibility Documentation Instructions

Identifying Information

Enter the applicant's name and Social Security number.

Part A

Applicant Statement

Note: The applicant statement, when indicated as allowable, may be used as a last resort in cases where the applicant is unable to obtain acceptable verification or the obtaining of the documentation would cause an undue hardship on the applicant. Applicant statements may be used only after all practicable attempts to secure documentation have failed.

Use of the Applicant Statement is limited to the following circumstances:

1. **Displaced homemaker** to document relationship (Part B – Category 4 on WIA-20)
2. **Family size:** (Part C – Item 1b on WIA-20)
 - when birth certificates or IRS form 1040 **AND** IRS letter 1722 are not available to document number of dependents
 - homeless and runaway status for individuals not residing at a shelter or who do not have a permanent place to reside
3. **One in a family** individuals ordinarily included in the definition of family, but claiming to be no longer dependent, must complete an applicant statement attesting to their status. (Part C – Item 1b on WIA-20)
4. **Proof of income** for individuals who claim unverifiable or no income. Statement should indicate means of support for previous six- (6) month period (e.g. unemployment insurance). Statement should also indicate corroborative witness to verify indicated means of support.

EXAMPLE: If an applicant states that he/she cannot provide evidence that “0” income was received during the past six (6) months, and that he/she was unemployed for that period, the blank space following the words “I certify, under penalty of perjury, that I” may be completed, for example, as follows: “have received “0” income during the past six (6) months, have been unemployed during that time, and have been supported by donations/contributions from relatives and friends.” The corroborating witness, in this case, should be a person who has provided support.

5. **Individuals with disabilities** documenting disability (Part C – Item 1c on WIA-20)
6. **Dropout status** – for out-of-state and/or individuals age 16 or over when documentation from the school district cannot be obtained (Part C – Item 2 on WIA-20)
7. **Offenders** – when court records or other documentation are unobtainable or (Part C – Item 2 on WIA-20)
8. **Pregnant** – when statement from medical provider is not available (Part C – Item 2 on WIA-20)

The applicant must state in their own words the reason they are unable to provide documentation for an eligibility item.

Applicant must sign attesting to the truth and accuracy of their statement. If applicant is under the age of 18, parent or legal guardian must sign also.

Corroborating Witness Signature

A corroborative, reliable witness attesting to the accuracy of the statement must support the applicant statement. The witness must be someone familiar with the situation and must not have a conflict of interest in attesting to the statement. If corroborating witness cannot be obtained, documentation of actions taken must be provided in Applicant Statement Section.

Enter the witness address, phone number, relationship to applicant, and date signed.

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Eligibility Documentation Instructions

Part B - FOR OFFICE USE ONLY

There are times when an individual is unable to provide documents to verify a specific eligibility item. To allow for eligibility determination, this section is provided to verify specific items (e.g. signature of parent or witness, birth date, receipt of food stamps).

Since personal information must normally be kept confidential by government agencies, states and local WIAs will need to make prior arrangements to obtain such information.

When documentation (photocopy acceptable) of W.I.A. eligibility items is not possible and verification is accomplished via document inspection or telephone, authorized staff are required to complete the W.I.A.-210 for monitoring and auditing purposes.

Document Inspection

Note: Documentation of eligibility verification through document inspection is appropriate when documents cannot or may not be machine-copied or screen-printed.

Enter the name of the eligibility item being verified.

Enter the name of the document or computer screen/program viewed.

Enter the document number and expiration date (if available) or the screen/program name/#.

Telephone Verification

Note: The information recorded in this section must be sufficient to enable a monitor or auditor to trace back to the cognizant agency or document. Telephone verification must include the name of the agency representative (agent) providing the verification information.

Enter the eligibility item to be verified by telephone (e.g. parent signature, family size).

Enter the name of the agency providing the information (e.g. Department for Social Insurance, Housing Authority) and name of the individual (e.g. name of agency worker, parent, witness) providing the verifying information.

Enter the telephone number of the individual providing the information to verify the eligibility item.

Enter the specific details verifying the eligibility item (e.g. parent stated that they signed the form, there are ____ people in the family or the names of the people in the family).

Enter the date and time the information is provided.

Enter the identification number provided by the agency for the individual.

Part C - FOR OFFICE USE ONLY

Staff statement

Indicate, by checking the block(s) that applies to the type of verification entered above.

Sign and date the form.